State of Rhode Island and Providence Plantations
Office of the Secretary of State

Fee: $50.00

Division Of Business Services
148 W. River Street
Providence RI 02904-2615
(401) 222-3040

Foreign Business Corporation Annual Report

Filing Period: January 1 - March 1

In accordance with R.I.G.L. 7-1.2-1501(e), each corporation failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-1.2-1501 (c&d)) is subject to a penalty fee of $25.00.

ANNUAL REPORT YEAR: 2016

1. Corporate ID No. 000518886

2. Name of Corporation FCHCN INSURANCE AGENCY, INC.

3. Street Address Principal Business Office:

No. and Street: 3333 W. COMMERCIAL BLVD SUITE 103
City or Town: FT. LAUDERDALE State: FL Zip: 33309 Country: USA

4. Business Phone No.

5. State of Incorporation

State: FL

6. Brief Description of the Character of Business Conducted in Rhode Island

NON RESIDENT INSURANCE AGENCY FOR PROFIT

7. Names and Addresses of the Officers and Directors:

All officers and directors must be listed.

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
PRESIDENT	JOEL SLAKMAN	3333 W. COMMERCIAL BLVD SUITE 103 FT. LAUDERDALE, FL 33309 USA
VICE PRESIDENT	ERIC NICHOLSBERG	3333 W. COMMERCIAL BLVD SUITE 103 FT. LAUDERDALE, FL 33309 USA

8. Shares Authorized and Issued

				Total Issued

0-2721-0

Class of Stock	Series of Stock	Par Value Per Share	Total Authorized Shares *Number of Shares*	and Outstanding *Num of Shares*
CWP		$1.0000	1,000.00	1000

9. This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

Signed this 14 Day of January, 2016 at 10:36:42 AM. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the corporation, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-1.2.*

By JOEL SLAKMAN
Signature of Authorized Representative of the Corporation

Form No. 630
Revised 09/07